

WRA or PRG  
Label



Household ID

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CLUSTER NUMBER

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HH NUMBER

**WOMEN OF REPRODUCTIVE AGE (15-49 YRS)  
INCLUDING PREGNANT WOMEN  
KENYA NATIONAL MICRONUTRIENT SURVEY 2011**

IDENTIFICATION		
HH01. CLUSTER (EA) NAME.....		HH02. CLUSTER NUMBER: _____
HH03. HOUSEHOLD NUMBER: _____	HH04. PROVINCE .....	
HH05. DISTRICT .....		
HH06. RESIDENCE (Rural = 1,Urban =2) _____		
HH09. INTERVIEWER _____ NAME : _____ CODE	HH10. TEAM LEADER _____ NAME : _____ CODE	HH11. SUPERVISOR _____ NAME : _____ CODE
____ / ____ / ____ DD MM YY	____ / ____ / ____ DD MM YY	____ / ____ / ____ DD MM YY

INTERVIEWER VISITS		
VISIT 1	VISIT 2	FINAL VISIT
DATE ____ / ____ / ____ DD MM YY	DATE ____ / ____ / ____ DD MM YY	DATE ____ / ____ / ____ DD MM YY
TIME: START: ____:____ STOP: ____:____	TIME: START: ____:____ STOP: ____:____	TIME: START: ____:____ STOP: ____:____
**RESULT.....	**RESULT.....	**RESULT.....
NEXT VISIT DATE: ____ / ____ / ____ DD MM YY	NEXT VISIT DATE: ____ / ____ / ____ DD MM YY	**Result Of Individual Interview: 1. COMPLETED 2. NOT AT HOME 3. POSTPONED 4. REFUSED 5. PARTLY COMPLETED 6. INCAPACITATED 7. OTHER
TIME: ____:____	TIME: ____:____	

FOR OFFICE USE	
<i>The following section will be filled in office during data entry:</i>	
DATA MANAGER: _____ NAME CODE	DATA KEYED BY: _____ NAME CODE
____ / ____ / ____ DD MM YY	____ / ____ / ____ DD MM YY

**Micronutrient Supplementation and Pica Questions**

Now I would like to ask you some health and food questions about yourself.

No.	QUESTION	CODING CATEGORIES	SKIP		
W1	Record time: start of interview (hour of the day in 24h code)	____ : ____			
W2	Woman's Name				
W2a	Woman's line number	<table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
W3	What do you normally add to your vegetables while cooking? (MULTIPLE RESPONSES ALLOWED)	Ash water..... 1 Milk/cream..... 2 Salt ..... 3 Oil or fat..... 4			



		Bi-carbonate of soda (magadi).. 5 Other: (Specify) _____ 7	
<b>W4</b>	How many times in the last week (last 7 days) have you eaten soil or earth from any source (for example, from termite mounds, walls of mud house, the market or the yard)?	Number of times <input type="text"/>	
<b>W5</b>	How many times in the last week (last 7 days) have you eaten charcoal?	Number of times <input type="text"/>	
<b>W6</b>	How many times in the last week (last 7 days) have you eaten uncooked rice?	Number of times <input type="text"/>	

### WRA Health questions

Now I would like to ask you some questions about your health.

<b>W7</b>	Have you been diagnosed with anaemia in the previous six months?	No..... 0 Yes ..... 1	
<b>W8</b>	Did you take any drugs for intestinal worms in the past six months?	No..... 0 Yes ..... 1	
<b>W9</b>	Have you been ill with diarrhoea in the past <b>2 weeks?</b> (defined as 3 or more loose or watery stools in a 24-hour period)	No..... 0 Yes ..... 1	<b>0→W11</b>
<b>W10</b>	Have you been ill with diarrhoea in the past <b>24 hours?</b> (defined as 3 or more loose or watery stools in a 24-hour period)	No..... 0 Yes ..... 1	
<b>W11</b>	Have you been ill with a cough or breathing problems in the past <b>2 weeks?</b>	No..... 0 Yes ..... 1	<b>0→W17</b>
<b>W12</b>	When you had an illness with a cough, did you breathe faster than usual with short, rapid breaths or have difficulty breathing?	No..... 0 Yes ..... 1	<b>0→W14</b>
<b>W13</b>	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	Chest only ..... 1 Nose only ..... 2 Both ..... 3 Other ..... 7 Specify _____ Don't know ..... 8	
<b>W14</b>	Have you been ill with a cough or breathing problems in the past <b>24 hours?</b>	No..... 0 Yes ..... 1	<b>0→W17</b>
<b>W15</b>	When you had an illness with a cough, did you breathe faster than usual with short, rapid breaths or have difficulty breathing?	No..... 0 Yes ..... 1	<b>0→W17</b>
<b>W16</b>	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	Chest only ..... 1 Nose only ..... 2 Both ..... 3 Other ..... 7 Specify _____ Don't know ..... 8	
<b>W17</b>	Have you been ill with a fever in the past <b>2 weeks?</b>	No..... 0 Yes ..... 1	<b>0→W19</b>
<b>W18</b>	Have you been ill with a fever in the past <b>24 hours?</b>	No..... 0 Yes ..... 1	
<b>W19</b>	Have you been ill with malaria in the past <b>2 weeks?</b>	No..... 0 Yes ..... 1	<b>0→W21</b>
<b>W20</b>	Have you been ill with malaria in the past <b>24 hours?</b>	No..... 0 Yes ..... 1	

		CLUSTER NUMBER	HH NUMBER
<b>W21</b>	Have you had any hospitalization and /or clinic visits due to illness in the <b>last 2 weeks</b> ?	No..... 0 Yes ..... 1	<b>0→W23</b>
<b>W22</b>	Have you had any hospitalization and /or clinic visits due to illness in the <b>last 24 hours</b> ?	No..... 0 Yes ..... 1	
<b>W23</b>	(IF YES TO ANY ILLNESS) Did you seek advice or treatment for the illness from any source?	No..... 0 Yes ..... 1	<b>0→W25</b>
<b>W24</b>	Where did you seek advice or treatment?  Anywhere else?  (PROBE TO IDENTIFY EACH TYPE OF SOURCE; IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE NAME OF PLACE)	<b>PUBLIC SECTOR</b> Govt hospital..... 01 Govt health center..... 02 Govt health post/dispensary ..... 03 Govt mobile clinic..... 04 Govt field worker..... 05 Other public facility.... 06 Specify: _____  <b>PRIVATE MEDICAL SECTOR</b> Pvt hospital/clinic..... 07 Pvt pharmacy..... 08 Pvt doctor..... 09 Pvt mobile clinic..... 10 Pvt fieldworker..... 11 Pvt other ..... 12 Specify: _____  <b>OTHER SOURCES</b> Shop..... 13 Traditional Practitioner..... 14 Market..... 15 Other ..... 16  Specify _____	
<b>W25</b>	(IF YES TO ANY ILLNESS) At any time during the illness, did you take any drugs for the illness?	No..... 0 Yes ..... 1 Don't know ..... 8	<b>0→W27</b>  <b>8→W27</b>
<b>W26</b>	What drugs did you take? Any other drugs?  (RECORD ALL MENTIONED)	<b>ANTIMALARIAL DRUGS</b> Sp/Fansidar..... 01 Chloroquine..... 02 Amodiaquine..... 03 Quinine ..... 04 Artemisinin (ACT)..... 05 Al/Coartem..... 06 Other anti-malaria..... 07 Specify _____  <b>DIARRHOEA TREATMENT</b> <u>Pill/Syrup</u> Antibiotic ..... 08 Antimotility..... 09 Zinc ..... 10 Other (not antibiotic, anti-motility or zinc) ..... 11 ..... 11 Unknown pill/syrup... 12	

		<u>Injection</u> Antibiotic..... 13 Non-antibiotic..... 14 Unknown injection... 15  <u>Intravenous (IV)</u> 16  OTHER DRUGS Aspirin ..... 17 Acetaminophen..... 18 Ibuprofen ..... 19 Home remedy/ Herbal medicine ..... 20 Other..... 21  <hr/> Don't Know ..... 88	
<b>W27</b>	Do you smoke?	No..... 0 Yes..... 1	

Now we would like to ask you some questions about some other topics.

<b>W28</b>	When did your last menstrual period start?  (DATE IF GIVEN _____)	A) # of Days Ago <input type="text"/> <input type="text"/>  B) # of Weeks Ago <input type="text"/> <input type="text"/>  C) # of Months Ago <input type="text"/> <input type="text"/>  D) # of Years Ago <input type="text"/> <input type="text"/>  E) Currently In Menopause/had hysterectomy  F) Has never menstruated	<b>F→W40</b>
<b>W29</b>	(CHECK FOR PREGNANCY STATUS): Woman's line number in HH Questionnaire)	Line Number from HH questionnaire <input type="text"/> <input type="text"/> Pregnant? No ..... 0 Yes..... 1	<b>1→W45</b>
<b>W30</b>	When did you last give birth?	A) # of Days Ago <input type="text"/> <input type="text"/>  B) # of Weeks Ago <input type="text"/> <input type="text"/>  C) # of Months Ago <input type="text"/> <input type="text"/>  D) # of Years Ago <input type="text"/> <input type="text"/>  E) Have never given birth..... 77	<b>77→W40</b>
<b>W31</b>	During the last pregnancy that resulted in a live birth did you have difficulty with your vision (night blindness in local language)?	No..... 0 Yes ..... 1 Don't know..... 8	

<b>W32</b>	During your last pregnancy, that resulted in a life birth did you have difficulty with your vision during daylight?	No.....	0	
		Yes .....	1	
		Don't know.....	8	

**Adult women questionnaire – ONLY women who HAS GIVEN birth in the last 12 months (If pregnant skip to pregnancy questions beginning at W45)**

<b>W33</b>	During the time of your pregnancy that occurred in the last 12 months, were you given or did you buy any iron tablets or syrups? (SHOW TABLETS/SYRUP)	No.....	0	<b>0→W35</b>
		Yes .....	1	
		Don't know.....	8	<b>8→ W35</b>
<b>W34</b>	During the whole pregnancy, for how many days did you take the iron tablets, iron pills, micronutrient powders (sprinkles), with iron or iron syrups (e.g. Rbtone)? (IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS)	Number of days.....	<input type="text"/> <input type="text"/> <input type="text"/>	
		Don't know .....	888	
<b>W35</b>	During the time of your pregnancy that occurred in the last 12 months, were you given or did you buy any folic acid tablets or syrups? (SHOW TABLETS)	No.....	0	<b>0→W37</b>
		Yes .....	1	
		Don't know.....	8	<b>8→W37</b>
<b>W36</b>	During the whole pregnancy, how many days did you take folic acid tablets? (IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS)	Number of days.....	<input type="text"/> <input type="text"/> <input type="text"/>	
		Don't know .....	888	
<b>W37</b>	After giving your last birth (most recent), did you consume a vitamin A capsule like this? (SHOW THE CAPSULE)	No.....	0	<b>0→W39</b>
		Yes .....	1	
		Don't know.....	8	<b>8→W39</b>
<b>W38</b>	How soon after birth did you consume the vitamin A capsule?	Within 4 weeks of delivery	1	
		After 4 weeks of delivery	2	
		Don't Know .....	8	
<b>W39</b>	Are you currently breastfeeding?	No.....	0	<b>END</b>
		Yes .....	1	<b>→W55</b>

**[CHECK W30 IF THE WOMAN HAS GIVEN BIRTH IN THE LAST 12 MONTHS]**

**Adult women questionnaire –non-pregnant and DID NOT give birth last 12 months**

<b>W40</b>	During the last six months, were you given or did you buy any iron tablets or iron syrups for yourself? (SHOW TABLETS/SYRUP)	No.....	0	<b>0→W42</b>
		Yes .....	1	
		Don't know.....	8	<b>8→W42</b>
<b>W41</b>	During the last six months, for how many days did you take the tablets or syrup? (IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS)	Number of days.....	<input type="text"/> <input type="text"/> <input type="text"/>	
		Don't know .....	888	
<b>W42</b>	During the last six months, were you given or did you buy any folic acid tablets for yourself? (SHOW TABLETS)	No.....	0	<b>0→W44</b>
		Yes .....	1	
		Don't know.....	8	<b>8→W44</b>
<b>W43</b>	During the last six months, for how many days did you take the folic acid tablets? (IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS)	Number of days.....	<input type="text"/> <input type="text"/> <input type="text"/>	
		Don't know .....	888	
<b>W44</b>	(CHECK W30: IF "E", SKIP → W55) Are you currently breastfeeding?	No.....	0	<b>END</b>
		Yes .....	1	<b>→W55</b>

**Adult women questionnaire – ONLY pregnant women**

<b>W45</b>	How many months pregnant are you?	# of Months	<input type="text"/>	
<b>W46</b>	Have you attended antenatal care (ANC) during this current pregnancy?	No.....	0	
		Yes .....	1	
<b>W47</b>	During this pregnancy, have you been given or did you buy any iron tablets or syrup for yourself? (show tablets)	No.....	0	<b>0→W49</b>
		Yes .....	1	
		Don't know.....	8	<b>8→ W49</b>
<b>W48</b>	During this pregnancy, how many days have you taken the iron syrup or tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR NUMBER OF DAYS	Number of days.....	<input type="text"/> <input type="text"/> <input type="text"/>	
		Don't know .....	888	
<b>W49</b>	During this pregnancy, have you given or did you buy any folic acid tablets? (SHOW TABLETS)	No.....	0	<b>0→W51</b>
		Yes .....	1	
		Don't know.....	8	<b>8→W51</b>
<b>W50</b>	During this pregnancy, how many days have you taken the folic acid tablets? IF ANSWER IS NOT NUMERIC, PROBE FOR NUMBER OF DAYS	Number of days.....	<input type="text"/> <input type="text"/> <input type="text"/>	
		Don't know .....	888	
<b>W51</b>	During this pregnancy, did you take any drugs for intestinal worms?	No.....	0	
		Yes .....	1	
		Don't know.....	8	
<b>W52</b>	During this pregnancy, did you take any drug to keep you from getting malaria?	No.....	0	<b>0→W55</b>
		Yes .....	1	
		Don't know.....	8	
<b>W53</b>	What drugs did you take? RECORD ALL MENTIONED DRUGS, IF ACTUAL DRUG NOT DETERMINED SHOW TYPICAL DRUG TO THE RESPONDENT	ANTIMALARIAL DRUGS		
		Sp/Fansidar.....	1	
		Chloroquine.....	2	
		Amodiaquine.....	3	
		Quinine .....	4	
		Artemisininine (ACT).....	5	
		AI/Coartem.....	6	
		Other anti-malaria.....	7	
		Specify.....		
<b>W54</b>	How many days did you take the (drug) during this pregnancy?		<input type="text"/> <input type="text"/>	

**Adult women questionnaire – BOTH pregnant and non-pregnant women should be asked W55**

<b>W55</b>	Have you ever been tested to see if you have the virus that causes AIDS?	No.....	0	
		Yes .....	1	
<b>W56</b>	Record time: End of Interview (hour of the day in 24h code)		___ : ___	

Household ID

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CLUSTER NUMBER

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**INTERVIEWER'S OBSERVATIONS**

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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**TEAM LEADER'S OBSERVATIONS**

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NAME OF TEAM LEADER: \_\_\_\_\_ ID OF TEAM LEADER: \_\_\_\_\_ DATE: \_\_\_\_\_

**EDITOR'S OBSERVATIONS**

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NAME OF EDITOR: \_\_\_\_\_ ID OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_